

RESOLUTION NO. 2023 - 350

**A RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, APPROVING AND AUTHORIZING THE COUNTY ADMINISTRATOR, OR DESIGNEE, TO EXECUTE A FUNDING AGREEMENT BETWEEN ST. JOHNS COUNTY AND HOME AGAIN ST. JOHNS, INC. IN A NOT TO EXCEED AMOUNT OF \$200,000.**

**RECITALS**

**WHEREAS**, Home Again St. Johns, Inc. (“Home Again”) is a local non-profit organization that provides case management and other needed services to homeless/unhoused residents of St. Johns County; and

**WHEREAS**, Home Again currently provides services at its temporary location on Holmes Boulevard and is in the process of relocating to SR 16; and

**WHEREAS**, Home Again has experienced additional costs associated with the transition and is requesting support for the rental fees associated with the trailer installed at the Holmes Boulevard location; and

**WHEREAS**, it is in the best interest of the County to enter into a Funding Agreement to provide financial assistance to Home Again to continue services to the County’s homeless/unhoused residents.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of County Commissioners of St. Johns County, Florida, as follows:

**Section 1.** The above Recitals are hereby incorporated into the body of this resolution, and are adopted as findings of fact.

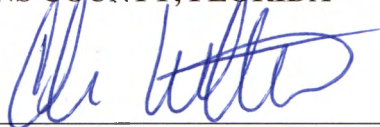
**Section 2.** The Board of County Commissioners hereby approve and authorize the County Administrator, or designee, to execute a Funding Agreement between St. Johns County and Home Again St. Johns, Inc., in a not to exceed amount of \$200,000, in substantially the same form as attached hereto.

**Section 3.** To the extent that there are typographical, administrative, or scrivener’s errors that do not change the tone, tenor, or context of this Resolution, then this Resolution may be revised without further action by the Board of County Commissioners.

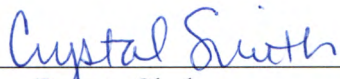
**PASSED AND ADOPTED** by the Board of County Commissioners of St. Johns County, State of Florida, this 19<sup>th</sup> day of September, 2023.

**BOARD OF COUNTY COMMISSIONERS OF  
ST. JOHNS COUNTY, FLORIDA**

Rendition Date SEP 21 2023

By:   
Christian Whitehurst, Chair

ATTEST: Brandon J. Patty,  
Clerk of the Circuit Court and Comptroller

By:   
Deputy Clerk



**ST. JOHNS COUNTY  
FUNDING AGREEMENT**

**THIS FUNDING AGREEMENT** (“Agreement”) is entered into this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, between St. Johns County (the County), a political subdivision of the state of Florida, and Home Again St. Johns, Inc. (the “Provider”), a Florida not-for-profit corporation.

**RECITALS**

**WHEREAS**, each year, the County provides funding to nonprofit agencies that provide health, human, or social services to the residents of St. Johns County; and

**WHEREAS**, the Provider is a nonprofit organization that has requested financial support in an amount not to exceed **two hundred thousand dollars (\$200,000.00)** as they transition from their temporary location on County property located at 285 S. Holmes Boulevard to their new location on SR 16. Home Again St. Johns, Inc. provides case management and other needed services, including laundry and showers to homeless/unhoused residents of St. Johns County. The organization has experienced additional costs associated with transition from its temporary to permanent location and is requesting reimbursable support for the rental fees associated with the trailer installed at the temporary Holmes Boulevard site. The trailer serves as the office space where case management activities occur, as well as laundry and shower facilities for clients (the “Services”); and

**WHEREAS**, the County has determined that providing funding to the Provider to perform activities and Services according to this Agreement will serve a public purpose.

**NOW THEREFORE**, in consideration of the provisions set forth below, the sufficiency of which is mutually acknowledged, the County and the Provider agree as follows:

- 1. Incorporation of Recitals.** The above recitals are incorporated into the body of this Agreement and are adopted as findings of fact.
- 2. Duration and Renewal of Agreement.** This Agreement shall be effective beginning on October 1, 2021, and ending on September 30, 2024, unless earlier suspended or terminated in accordance with the terms and conditions of the Agreement. This Agreement is non-renewable.
- 3. Obligations of the County.** The County agrees to provide funding on a reimbursable basis to the Provider in an amount not to exceed **two hundred thousand dollars (\$200,000.00)**. The Provider acknowledges that it is not entitled to the above referenced amount of compensation. Rather, compensation is based on the Provider adhering to the Scope of Services detailed in this Agreement. Compensation is dependent upon satisfactory completion of the program requirements as provided in this Agreement and as intended in the funding application. Payments will be authorized only for services provided during the term of this Agreement and prior to the payment request date.
- 4. Obligations of the Provider.** In consideration for the County providing funding to the Provider as provided in Section 3 above, the Provider agrees to the following:
  - a. The Provider shall provide the Services to no fewer than **4650 homeless/unhoused residents**

of St. Johns County while transitioning from their temporary location to their new location, for the duration of the Agreement to the new location for the duration of this Agreement.

- b. Funding provided under this Agreement shall be spent in accordance with the approved budget and required reports listed below as Exhibits 1 and 2, and attached hereto and incorporated by reference into this Agreement.
  - i. **Exhibit 1 – Payment Request:** due monthly and must be received by the 15<sup>th</sup> of the following month. Must be based on actual budgeted expenditures during the reporting period. Payment will be made upon receipt and approval by the County of a completed, signed payment request. **Payment Requests received past the 15<sup>th</sup> of the month following actual budgeted expenditures may not be honored by the County.**
  - ii. **Exhibit 1B – Monthly Program Expenditure Report with Narrative:** due with monthly Payment Request by the 15<sup>th</sup> of the following month. Must be based on actual budgeted expenditures during the reporting period. **Narrative must be completed for each budgeted line item expenditure, including administrative costs.**
  - iii. **Exhibit 2 – Program Demographic Report:** due quarterly on the 15<sup>th</sup> day following the end of each quarter (January 15, 2024, April 15, 2024, July 15, 2024, October 15, 2024).
  - iv. **Exhibit 3 – Performance Outcome Report:** due quarterly on the 15<sup>th</sup> day following the end of the quarter (January 15, 2024, April 15, 2024, July 15, 2024, October 15, 2024).
  - v. **Exhibit 4 – Annual Program Budget vs Expenditure Summary:** due annually on the 20<sup>th</sup> day following the end of the contract (October 20, 2024).
  - vi. Exhibits shall be delivered either by hand, mail, or email  
to: HHS Contract Coordinator  
200 San Sebastian View, Suite 2300  
St. Augustine, FL 32084  
Email: ktanner@sjcfl.us
- c. Mandatory use of the Homeless Management Information System (HMIS), administered by the St. Johns County Continuum of Care HMIS Lead Agency, will be implemented for all resulting homeless and/or homeless prevention programs. The only exception to this requirement will apply to domestic violence service providers, who will be required to utilize a comparable database. All other service providers are encouraged to utilize HMIS to capture client data when appropriate.
- d. To the extent that the Provider is required to secure or maintain any permits, licenses, or

approvals to perform the Services, the Provider, at its sole cost and expense, shall be responsible for securing and maintaining all such permits, licenses, or approvals in accordance with local, state, or federal law for the duration of this Agreement.

If the Provider fails to comply with the requirements of this section, the County may, at its sole option, disallow any or all of the funding provided under this Agreement as provided in Section 6 below.

**5. Retention, Auditing, and Review of Records.** The Provider shall retain all supporting documentation, statistical records, and any other records necessary to document its expenditures during the term of this Agreement for 5 years from the termination or expiration of this Agreement. If any litigation, claim, negotiation, audit, or other action involving the records is initiated prior to the expiration of the 5-year period, the records shall be retained for one year after the final resolution of the action.

The Provider authorizes the County to review, inspect, and/or audit its books and records, and interview any clients and employees of the Provider in order to determine whether compliance has been achieved with respect to the provisions of this Agreement. It is specifically noted that the Provider is under no duty to provide access to documentation not related to this Agreement or that is otherwise protected by local, state, or federal law.

Any audit required under this section shall be submitted to the County no later than 180 days following the end of the Provider's fiscal year along with any corrective action plan if applicable. Failure by the Provider to submit the audit within the required time shall result in the withholding of requested payments. In addition, the County may, at its option terminate this Agreement.

**6. Disallowance of Funds.** If the Provider fails to comply with one or more of the requirements of this Agreement or if, as a result of review, inspection, or audit, the Provider cannot provide documentation of expenses or it is determined that expenses were unallowable, the County may, at its sole option, disallow any or all of the funding provided under this Agreement. The Provider shall refund all disallowed funds to the County. Disallowed funds shall be refunded to the County within 30 days of the Provider's receipt of written notice from the County regarding the overpayment or noncompliance. If the Provider does not timely refund the disallowed funds, the County may charge interest in the amount of 1 percent per month compounded on the outstanding balance beginning 40 days after the date of notice. Disallowed expenses through this funding program include, but are not limited to insurance, audit expenses, fundraising, entertainment, decorative items, client incentives, or food for non-clients.

**7. No Commitment of County Funds.** This Agreement is neither a general obligation of the County nor is it backed by the full faith and credit of the County. Although the County will make all reasonable efforts to provide grant funds, the County makes no express commitment to provide such funds in any given County fiscal year. Pursuant to the requirements of Section 129.07, Florida Statutes, payment of each grant payment is subject to specific annual appropriations by the St. Johns County Board of County Commissioners sufficient to pay the grant payments during that County fiscal year. It is expressly acknowledged that the Provider cannot demand that the County appropriate or provide any such funds in any given County fiscal year.

**8. Notices.** All official notices to the County concerning this contract shall be delivered either by hand

(receipt of delivery required) or by certified mail to:

Shawna Novak  
Director of Health and Human  
Services 200 San Sebastian View,  
Suite 2300  
St. Augustine, FL 32084

All official notices to the Provider shall be delivered either by hand (receipt of delivery required) or by certified mail to:

Troy Blevins, Board President  
285 S. Holmes Boulevard  
St. Augustine, FL 32084

An official notice is any notice or other communication required pursuant to paragraphs 4, 5, 6, and 21 of this Agreement. All other correspondence not classified as official notices may be delivered by any means acceptable to both parties, including faxing or emailing. It is expressly acknowledged by both parties that text messaging is not an acceptable means of correspondence under this Agreement.

**9. Relationship of the County and the Provider.** This Agreement shall not be deemed to create any agency relationship, partnership, association, or joint venture between the County and the Provider.

**10. Use of County Logo.** Pursuant to St. Johns County Ordinance 1992-2 and St. Johns County Administrative Policy 101.3, the Provider may not manufacture, display, or otherwise use the St. Johns County Seal/Logo or any facsimile or reproduction thereof without the express written approval of the Board of County Commissioners.

**11. Authority to Practice.** The Provider warrants that it has, and will continue to maintain all licenses and approvals required to conduct its business and the scope of services provided in this Agreement. The Provider further warrants that it will at all times conduct its business activities in a reputable manner.

**12. Compliance with Applicable Laws and Regulations.** Both the Provider and the County shall comply with all applicable local, state, and federal laws and regulations in their performance under this Agreement. Failure to abide by all applicable local, state, and federal laws and regulations may result in the disallowance of grant funds by the County as provided above in Paragraph 7.

**13. Non-Discrimination.** The Provider shall comply with the following Equal Opportunity Statement:

“No person shall, on the grounds of race, creed, color, handicap, national origin, sex, age, political affiliation, or beliefs be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole, or in part, with funds made available by St. Johns County.”

**14. No Conflict of Interest.** The Provider represents and warrants to the County that it has not employed or retained any elected official, officer, or employee of the County in order to secure this Agreement.



Moreover, the Provider represents and warrants to the County that it has not paid, offered to pay, or agreed to pay any fee, commission, percentage, brokerage, or gift of any kind contingent upon or in connection with securing and executing this Agreement.

**15. Non-lobbying.** The Provider agrees that funds received from the County under this Agreement shall not be used to lobby any organization, entity, person, or governmental unit in a manner inconsistent with the scope of this Agreement.

**16. Access to Records.** The access to, disclosure, non-disclosure, or exemption of records, data, documents, or materials associated with this Agreement shall be subject to the applicable provisions of the Florida's Public Records Law (Chapter 119, Florida Statutes), and other applicable State or Federal law. Access to such public records may not be blocked, thwarted, or hindered by placing the public records in the possession of a third party.

In accordance with Florida law, to the extent that the Provider's performance under this Agreement constitutes an act on behalf of the County, the Provider shall comply with all requirements of Florida's public records law. Specifically, if the Provider is expressly authorized, and acts on behalf of the County under this Agreement, the Provider shall:

- a. Keep and maintain public records that ordinarily and necessarily would be required by the County in order to perform the Services;
- b. Upon request from the County's custodian of public records, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost as provided in Chapter 119, Florida Statutes, or as otherwise provided by law;
- c. Ensure that public records related to this Agreement that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by applicable law for the duration of this Agreement and following completion of this Agreement if the Provider does not transfer the records to the County; and
- d. Upon completion of this Agreement, transfer, at no cost, to the County all public records in possession of the Provider or keep and maintain public records required by the County to perform the Services.

If the Provider transfers all public records to the County upon completion of this Agreement, the subrecipient shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Provider keeps and maintains public records upon completion of this Agreement, the Subrecipient shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the County, upon request from the County's custodian of public records, in a format that is compatible with the County's information technology systems.

Failure by the Provider to comply with the requirements of this section shall be grounds for immediate, unilateral termination of this Agreement by the County.

**IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT (904) 209-0805, PUBLICRECORDS@SJCFL.US, OR 500 SAN SEBASTIAN VIEW, ST. AUGUSTINE, FL 32084.**

17. **Effect of Failure to Insist on Strict Compliance.** The failure of either party to insist on strict compliance with any provision of this Agreement shall not be construed as a waiver of such provision on any subsequent occasion.

18. **Indemnification.** The Provider shall indemnify, defend, and hold the County and its employees and agents in both their individual and official capacity harmless from any liabilities, claims, damages, and expenses, including attorney's fees and litigation costs, arising directly or indirectly out of any negligent, reckless, or intentional act or omission of the Provider's officers, employees, or agents in connection with this Agreement.

19. **Insurance.** The Provider shall not commence work under this Agreement until it has obtained all required insurance as set forth in Exhibit A to this Agreement and such insurance has been approved by the County. The Provider shall furnish certificates of insurance to the County naming the County as an additional insured. Each certificate shall clearly indicate that the Provider has obtained insurance of the type, amount, and classification as required by this Agreement and that no material change or cancellation of the insurance shall be effective without 30 days prior written notice to the County. A copy of the endorsement shall accompany the certificate. The Provider shall not be required to name the County as an additional insured for workers' compensation or professional liability insurance. Compliance with the foregoing requirements shall not relieve the Provider of any liability or obligation under this Agreement.

Certificate Holder Address: St. Johns County, a political subdivision of the state of Florida  
500 San Sebastian View  
St. Augustine, FL 32084

20. **Force Majeure.** Neither party shall be held to be in non-compliance with this Agreement, or suffer any enforcement or penalty relating to this Agreement, where such non-compliance occurs as the result of a force majeure event. For the purposes of this section, a force majeure event is defined as an event beyond the control and without the fault or negligence of the affected party which could not have been prevented through the exercise of reasonable diligence, including natural disaster (including hurricane, flood, or other acts of nature), strike, riot, war, terrorism or threat of terrorism, or other event that is reasonably beyond either party's ability to anticipate or control. When there is an event of force majeure, the affected party shall immediately notify the other party in writing giving the full particulars of the event of force majeure. The affected party must use reasonable efforts to mitigate the effect of the event of force majeure upon its performance under this Agreement. Upon completion of the event of force majeure, the affected party shall resume its performance under this Agreement as soon as reasonably practicable. If, due to an event of force majeure, the Provider is unable to complete the scope of services within the term of this Agreement, the term of this Agreement may be extended for an amount of time not to exceed the length of the event of force



majeure.

**21. Assignment.** In light of the scope and rationale for this Agreement, neither party may assign or transfer any of the rights associated with this Agreement without the express written consent of the other party. Should either party attempt to assign or transfer any of the rights associated with this Agreement without such written consent, this Agreement shall automatically terminate without further notice or action required on the part of the other party.

**22. Amendments.** Both parties acknowledge that this Agreement constitutes the complete understanding between the parties. Any modification to this Agreement shall be in writing and executed by the duly authorized representatives of each party.

**23. Governing Law and Venue.** This Agreement shall be construed according to the laws of Florida. Venue for any administrative or legal action arising in connection with this Agreement shall lie exclusively in St. Johns County, Florida.

**24. Severability.** If any portion of this Agreement, or the application thereof to any person or circumstance, is determined by a court of competent jurisdiction to be void, invalid, or otherwise unenforceable for any reason, such portion or application shall be severable. The remaining portions of this Agreement, and all applications thereof, not having been declared void, invalid, or otherwise unenforceable, shall remain in effect.

**25. Merger.** This Agreement constitutes the entire agreement and understanding between the parties as to the matters addressed herein. This Agreement supersedes all prior and contemporaneous agreements, understandings, representations, and warranties, whether oral or written, relating to such matters.

**26. Execution in Counterparts.** This Agreement may be executed in counterparts, each of which shall be deemed to be an original, and all of which together shall constitute the same agreement.

**ST. JOHNS COUNTY  
FUNDING AGREEMENT  
Signature Page**

IN WITNESS WHEREOF, the parties have executed this agreement as of the date set forth below.  
The agreement is effective October 1, 2022, as stated in Section 2 of the agreement.

ATTEST: Brandon J. Patty  
Clerk of the Circuit Court and Comptroller

BOARD OF COUNTY COMMISSIONERS  
OF ST. JOHNS COUNTY, FLORIDA

By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
County Administrator or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

HOME AGAIN ST. JOHNS, INC.

By: \_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Provider Name and Title (print)

Date

## EXHIBIT A

### Insurance Requirements

#### Insurance

The Provider shall not commence work under this Agreement until it has obtained all insurance required under this section and such insurance has been approved by the County. All insurance policies shall be issued by companies authorized to do business under the laws of the State of Florida. The Provider shall furnish proof of Insurance to the County prior to the commencement of operations. The Certificate(s) shall clearly indicate the Provider has obtained insurance of the type, amount, and classification as required by contract and that no material change or cancellation of the insurance shall be effective without thirty (30) days prior written notice to the County. Certificates shall specifically include the County as Additional Insured for all lines of coverage except Workers' Compensation and Professional Liability. A copy of the endorsement must accompany the certificate. Compliance with the foregoing requirements shall not relieve the Provider of its liability and obligations under this Agreement.

Certificate Holder Address: St. Johns County, a political subdivision of the State of Florida  
500 San Sebastian View  
St. Augustine, FL 32084

The Provider shall maintain during the life of this Agreement, Comprehensive General Liability Insurance with minimum limits of \$1,000,000 per occurrence, \$2,000,000 aggregate, to protect the Provider from claims for damages for bodily injury, including wrongful death, as well as from claims of property damages which may arise from any operations under this contract, whether such operations be by the Provider or by anyone directly employed by or contracting with the Provider.

The Provider shall maintain during the life of the contract, Professional Liability or Errors and Omissions Insurance with minimum limits of \$1,000,000, if applicable.

The Provider shall maintain during the life of this Agreement, Comprehensive Automobile Liability Insurance with minimum limits of \$300,000 combined single limit for bodily injury and property damage liability to protect the Provider from claims for damages for bodily injury, including the ownership, use, or maintenance of owned and non-owned automobiles, including rented/hired automobiles whether such operations be by the Provider or by anyone directly or indirectly employed by the Provider.

The Provider shall maintain during the life of this Agreement, adequate Workers' Compensation Insurance in at least such amounts as required by the law for all of its employees.

Exhibit 1  
Payment Request  
FY 22-24

Reporting Period: \_\_\_\_\_

**Agency:** Home Again St. Johns, Inc.  
**Address:** 285 South Holmes Boulevard  
St Augustine, FL 32084  
**Phone:** 904-436-5382

**Mail to:** Katrina Tanner, Contract Coordinator  
Health and Human Services  
200 San Sebastian View, Suite 2300  
St Augustine, FL 32084  
**Email to:** ktanner@sjcfl.us

Per contract entered into by St. Johns County and Home Again St. Johns, Inc., this payment request is based on actual budgeted expenses during reporting period. Attached is the monthly program expenditure report with narrative.

Please remit payment for the following month of service: \_\_\_\_\_

Total Requested Payment: \$ \_\_\_\_\_

I certify that all services on this report have been performed in compliance with applicable statues and regulations, and in accordance with the approved County contract.

\_\_\_\_\_  
Signature of authorized representative

DATE \_\_\_\_\_

For St. Johns County Use Only
Certified by: _____
Date: _____
P.O.: _____
V #: _____
G.L.: _____
Authorized by: _____
Date: _____

Exhibit 1B  
 Monthly Program Expenditure Report with Narrative  
 Home Again St. Johns, Inc.  
 Reporting Period: \_\_\_\_\_

	<u>1. Approved Program Budget</u>	<u>2. Monthly Expenditure Amount</u>	<u>3. Total Expenditures to date</u>	<u>4. Budget Remaining</u>
<b>A. PERSONNEL EXPENSES</b>				
1. Salaries				
2. Fringe Benefits				
<b>A. Subtotal Personnel</b>	<b>\$0.00</b>			
<b>B. NON-PERSONNEL EXPENSES</b>				
3. Rental Fees/Transitional Support	\$200,000.00			
<b>B. Subtotal Non-Personnel</b>	<b>\$200,000.00</b>			
<b>C. TOTAL PERSONNEL + NON PERSONNEL (A+B)</b>	<b>\$200,000.00</b>			
<b>D. ADMINISTRATIVE COSTS</b>	<b>\$0.00</b>			
<b>E. TOTAL EXPENSES (C+D=E)</b>	<b>\$200,000.00</b>			

<b>Must be based on actual budgeted expenditures during reporting period</b>		
<u>EXPENSE</u>	<u>\$ AMOUNT</u>	<u>NARRATIVE (JUSTIFICATION)</u>
		Rental fees associated with modular that serves as office space for case management, as well as laundry and shower facilities.

**EXHIBIT 2**

**DEMOGRAPHICS OF CLIENTS SERVED IN PROGRAM**

**Agency Name:** Enter Agency Name

**Program Name:** Enter Program Name

**UNDUPLICATED CLIENT CHARACTERISTICS**

Provide demographic information for individuals served during the reporting period. Information provided should be specific to the project/program funded by the FY22-24 HHS Independent Agency Funding Program.

**REPORTING PERIOD: Mark an X next to the appropriate reporting period below, and include the year.**

October 1, ____ - December 31, ____	Total # of clients served during this quarter: <span style="float: right;">Enter # of clients served here</span>
January 1, ____ - March 31, ____	
April 1, ____ - June 30, ____	
July 1, ____ - September 30, ____	

**AGE GROUP: Enter the number of clients served during the reporting period for each age group below.**

Under 5 years	5 - 12 years	13 - 17 years	18 - 24 years	25 - 34 years
35 - 59 years	60 - 64 years	65 & over	Total # of clients served: 0	

**GENDER: For each gender group below indicate the number of clients served during the reporting period.**

Female	Male	Other	Decline to Answer
Total # of clients served:			0

**RACE & ETHNICITY: For each race or ethnic group below indicate the number of clients served during the reporting period.**

American Indian/Native American	Asian	Black and/or African American	
Native Hawaiian/Pacific Islander	White/Caucasian	Multi-Racial	Hispanic/Latino
Decline to Answer/Unknown	Total # of clients served: 0		

**LEGAL RESIDENCE AT REFERRAL: Indicate the number of clients served from SJC zip codes listed below.**

32033	32080	32081	32082	32084
32086	32092	32095	32145	32259
<b>HOMELESS</b>		Total # of clients served: 0		

**ANNUAL INCOME: For each income group below, indicate the number of clients served by the program.**

\$0-\$20,600 Annually	\$38,626-45,063 Annually
\$20,601-25,750 Annually	\$45,064-\$51,500 Annually
\$25,751-\$32,188 Annually	Over \$51,500 Annually
\$32,189-38,625 Annually	<b>Total</b> 0

**If your agency was not able to collect any of the requested demographic information, please use the space below to explain why.**



**EXHIBIT 3**  
**Performance Outcomes Report**  
**Agency Name: Home Again St. Johns, Inc.**  
**Program Name: Transitional Support**  
**Reporting Period: OCT 2021 - DEC 2021**

**\*\*Complete blue filled cells\*\***

<u>Activities</u> The methods of service delivery carried out by the program/staff	<u>Outcomes</u> The benefits for program participants during or after their involvement with a program	<u>FY22-24 Indicators</u> The specific, measurable information that will be collected to track success of an outcome over the course of FY22-24	<u>Quarterly &amp; YTD Impact</u> The specific, measurable information collected and reported on a quarterly and YTD basis.	<u>Data Source(s) and Data Collection Method</u> The tool(s) used to collect data needed to measure achievement and description of how the agency will obtain the data from the source(s)	<u>Formula</u> The equation used to report Quarterly & YTD Impacts, showing actual data *Include actual numbers where # symbol or is shown	<u>Unmet Service</u> List services that your agency was not able to provide due to lack of funding, staff, etc.
Provision of client support (case management) services to persons experiencing homelessness to assist with state/federal benefit applications, job search assistance, and resource and referral	Clients will receive support in accessing resources and benefits aimed at improving their chances of stabilization and self-sufficiency	850 homeless clients will receive client support/case management services during contract year	___ # homeless clients receiving client support/case management during this quarter ___ # YTD	HMIS; Reports will be run from data keyed into HMIS by staff	Homeless clients accessing client support/case management this quarter: Month 1: ___ Month 2: ___ Month 3: ___ Total: ___	
Provision of hygiene-related services to persons experiencing homelessness,	Clients will access personal hygiene-related services, such as showers and laundry services, that can restore dignity and empower them to engage in their communities and seek the services and care they deserve	3800 homeless clients will access hygiene-related services during contract year	___ # homeless clients accessing and utilizing hygiene-related services during this quarter ___ # YTD	HMIS; Reports will be run from data keyed into HMIS by staff	Clients engaged in a plan with Street Outreach this quarter: Month 1: ___ Month 2: ___ Month 3: ___ Total: ___	

**EXHIBIT 4**  
**Annual Program Budget vs. Expenditure Summary**  
 Agency Name   
 Program Name   
 Fiscal Year:

Revenue		
SJC		
<b>Total Revenue</b>		0.00

\* Only complete the green fields

Program Expenses	Total Program Budget	Total Program Expenses	Balance	SJC Budget	SJC Expenses	Balance
Personnel			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
<b>Personnel Subtotal</b>	0.00	0.00	0.00	0.00	0.00	0.00
Other			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
<b>Other Subtotal</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

\* Only complete the green fields



**" Paving the Path Home Again"**

August 25, 2023

To Whom It May Concern:

Home Again St Johns was relocated from 1850 SR 207, St Augustine site in October 2021 by the County to make way for a CDBG-DR affordable multi-family housing project. Under the terms of the CDBG-DR grant the County was obligated to provide relocation assistance. They found a temporary location at 285 S. Holmes Blvd in St Augustine that is a property owned by the County. As a result of the transition to the temporary location, Home Again experienced some unanticipated expenses related to the rental of a modular unit for office space, client shower and laundry services. Home Again was paying \$1.00 annually at SR 207 site and at our temporary location over the period we have been here; our lease has fluctuated from \$5200 to \$5800 monthly for the building we rent to provide services. This has been an unanticipated financial hardship for the organization. To date, Home Again has spent a total of \$130,617.00 for this modular building lease and anticipates additional rental costs through September 30, 2024, for the transition to the permanent location.

Home Again is requesting financial assistance from the County in an amount not exceeding \$200,000 to ease this financial burden and support the transition to the permanent location.

Sincerely,

Troy Blevins, Board President  
Home Again St Johns Inc  
285 S Holmes Blvd.  
St Augustine, FL 32084  
[www.homeagainsj.org](http://www.homeagainsj.org)